Intermec Technologies Corp. v. Palm, Inc.

Doc. 282 Att. 13

# EXHIBIT N

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**From:** Lester L. Levy [mailto:LLevy@wolfpopper.com]
**Sent:** Monday, November 24, 2008 3:16 PM
**To:** Lee, Alvin (Perkins Coie); Farzan, Farschad (Perkins Coie)
**Cc:** Rachel S. Black; Michele F. Raphael
**Subject:** Google - follow up on today's "meet and confer"

Counsel-

The following information supplements our meet and confer of earlier today:

1) With regard to plaintiff Howard Stern, we will redact and produce as highly confidential Schedule C to his tax returns, which contain the information relating to his business for which he advertised on AdWords. We have confirmed he has no additional records relating to his business.
2) With respect to Plaintiff CLRB Hanson, on August 13, 2004, there was a fire at the premises of CLRB Hanson Industries, which fire caused a total destruction of the premises, including business records. (I attach a copy of the report of the Fire Department.) Thus, we are informed no records exist prior to August 13, 2004. The company stopped doing business in November 2005. Plaintiff has made a thorough search of the locations where any records for the period subsequent to August 13, 2004 would be stored, and found no records, except for Schedules C for 2004 and 2005, which we will redact and produce as highly confidential. Plaintiff will make a final search by the end of this weekend to search even unlikely locations for documents. At the completion of that search, Plaintiff will have looked at all locations, both logical and illogical, for responsive documents. We will advise you by next week whether any responsive documents exist beyond what CLRB already produced.

Lester

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WOLF POPPER LLP
845 Third Avenue, 12th Floor
New York, NY, 10022
TEL: (212) 759-4600
FAX: (212) 486-2093

## A — NFIRS-1 Basic

| FDID * | State * | Incident Date (MM DD YYYY) * | Station | Incident Number * | Exposure * |
|---|---|---|---|---|---|
| 62109 | MN | 08 13 2004 | 1 | 04-0000534 | 000 |

☐ Delete ☐ Change ☐ No Activity

## B Location*

☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract: 414 -

[X] Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions

Number/Milepost: 1430 | Prefix: | Street or Highway: COUNTY ROAD C | Street Type: | Suffix:

Apt./Suite/Room: | City: Roseville | State: MN | Zip Code: 55113 -

Cross street or directions, as applicable:

## C Incident Type *

111 — Building fire (Incident Type)

## D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N [X] None

Their FDID: | Their State: | Their Incident Number:

## E1 Dates & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

| | Month | Day | Year | Hr Min Sec |
|---|---|---|---|---|
| Alarm * (ALARM always required) | 08 | 13 | 2004 | 06:00:00 |
| [X] Arrival * (ARRIVAL required, unless canceled or did not arrive) | 08 | 13 | 2004 | 06:07:00 |
| [X] Controlled (CONTROLLED Optional, Except for wildland fires) | 08 | 13 | 2004 | 06:07:00 |
| [X] Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires) | 08 | 13 | 2004 | 08:00:00 |

## E2 Shift & Alarms

Local Option

Shift or Platoon: | Alarms: 01 | District: B3

## E3 Special Studies

Local Option

Special Study ID# | Special Study Value

## F Actions Taken *

12 — Salvage & overhaul (Primary Action Taken (1))

64 — Shut down system (Additional Action Taken (2))

66 — Remove water (Additional Action Taken (3))

## G1 Resources *

☐ Check this box and skip this section if an Apparatus or Personnel form is used.

| | Apparatus | Personnel |
|---|---|---|
| Suppression | 0005 | 0018 |
| EMS | | |
| Other | | |

☐ Check box if resource counts include aid received resources.

## G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

| | $ | | | None |
|---|---|---|---|---|
| Property | | 300 | 000 | ☐ |
| Contents | | 200 | 000 | ☐ |

PRE-INCIDENT VALUE: Optional

| | $ | | | None |
|---|---|---|---|---|
| Property | 002 | 500 | 000 | ☐ |
| Contents | 002 | 000 | 000 | ☐ |

## Completed Modules

[X] Fire-2
[X] Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☐ Apparatus-9
☐ Personnel-10
☐ Arson-11

## H1 * Casualties ☐ None

| | Deaths | Injuries |
|---|---|---|
| Fire Service | | |
| Civilian | | |

## H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

## H3 Hazardous Materials Release

N [X] None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

## I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 [X] Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

## J Property Use* Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic, clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial, hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods, sales, repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 [X] Manufacturing plant
819 ☐ Livestock/poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

### Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use: 700 — Manufacturing, processing

NFIRS-1 Revision 03/11/99

## K1 Person/Entity Involved
Local Option

Business name (if applicable): | Area Code: | Phone Number: | Suffix:

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.: | First Name: | MI: | Last Name: | Suffix:

Number: | Prefix: | Street or Highway: | Street Type: | Suffix:

Post Office Box: | Apt./Suite/Room: | City:

State: | Zip Code: -

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

## K2 Owner
Local Option

☐ Same as person involved? Then check this box and skip the rest of this section.

Business name (if applicable): | Area Code: 651 | Phone Number: 696 - 8730

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.: | First Name: Cindy | MI: | Last Name: Hanson | Suffix:

Number: 1430 | Prefix: | Street or Highway: COUNTY ROAD C | Street Type: | Suffix:

Post Office Box: | Apt./Suite/Room: | City: Roseville

State: MN | Zip Code: 55113 -

## L Remarks
Local Option

Dispatch alerted the Chief's of a fire out at 1430 County road C. Stated that employee arrived for work and found sprinklers put out a kitchen fire. Myself, 940 and Chief 100 responed. Upon arrival found a fire in the kitchen that was put out by the sprinkler system. Appeared the sprinklers were running for several hours. Had Station 1 and 3 respond to assist with water removal. Xcel gas and electric responed to shut off power and gas.

## M Authorization

| Officer in charge ID | Signature | Position or rank | Assignment | Month | Day | Year |
|---|---|---|---|---|---|---|
| 100 | O'Neill, Timothy | AFC | IC | 08 | 13 | 2004 |

☒ Check box if same as Officer in charge.

| Member making report ID | Signature | Position or rank | Assignment | Month | Day | Year |
|---|---|---|---|---|---|---|
| 100 | O'Neill, Timothy | AFC | IC | 08 | 13 | 2004 |